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For information

Report of the Executive Director

Summary

The present document provides an overview of developments in UNICEF programmes and operations during 1997. It assesses how global trends in 1997 have affected children and their families, and provides information on how UNICEF is responding through its country programmes, regional activities and global initiatives. The document also reports on specific issues that the Executive Board has asked the Executive Director to include in the report. It does not include a specific section on programme responses to children in need of special protection since this information is contained in a separate report being submitted to the Executive Board at the present session (E/ICEF/1998/CRP.11).

Chapter I contains the introduction. Chapter II provides an analysis of the major trends that have a significant impact on the realization of children's rights, while chapter III describes how UNICEF is responding programmatically to these challenges. Chapter IV reports on issues of special interest to the Executive Board: evaluation; the collection and use of data to monitor the situation of children; gender mainstreaming; follow-up to global conferences; United Nations reform; emergency operations; and expanded partnerships with civil society organizations. Information on resource mobilization, income and expenditure during 1997 is contained in chapter V. Annex I provides additional programme statistics and annex II contains information on UNICEF follow-up to selected reports of the Joint Inspection Unit.

The present report is the complement to the "Annual report to the Economic and Social Council" (E/ICEF/1998/4 (Part I)), which was submitted to the Executive Board at its first regular session in January 1998. It endeavours to avoid duplication of information contained in part I as well as in the substantive documents before the present Board session.

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Abbreviations

AIDS	acquired immune deficiency syndrome
CEE	Central and Eastern Europe
CIS	Commonwealth of Independent States
ECA	Economic Commission for Africa
EFA	Education for All
EPI	expanded programme on immunization
Habitat	United Nations Centre for Human Settlements
HIV	human immunodeficiency virus
IDPs	internally displaced persons
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses
IMR	infant mortality rate
JCGP	Joint Consultative Group on Policy
JIU	Joint Inspection Unit
LDCs	least developed countries
LICs	low income countries
MEP	Management Excellence Programme
MICS	multiple indicator cluster surveys
MOU	memorandum of understanding
MTP	medium-term plan
MTRs	mid-term reviews
NGOs	non-governmental organizations
ODA	official development assistance
OPV	oral polio vaccine
ORT	oral rehydration therapy
PAHO	Pan American Health Organization
Prog.	Programme
PSD	Private Sector Division
SIPs	sector investment programmes
SMI	Safe Motherhood Initiative
SWAPs	sector-wide approaches
U5MR	under-five mortality rate
UNAIDS	Joint and Co-sponsored United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDG	United Nations Development Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
WES	water and environmental sanitation
WHO	World Health Organization

I. Introduction

1. In many ways, 1997 was a watershed year for UNICEF. It marked the emergence from an intense period of transition and firmly set UNICEF on course to play its role in bringing about a far-reaching transformation for children in the next century. It was the year in which United Nations reform took on new meaning, as ways of strengthening operational activities at the country level were more precisely defined, and complex issues were debated frankly among United Nations agencies and with Member States.

2. UNICEF engaged seriously in the implementation of the Secretary-General's reform proposals, which reinforced the secretariat's commitment to improve internal efficiencies and built on the work already under way in the Management Excellence Programme (MEP). The reforms also have strengthened collaboration and coordination within the system of United Nations agencies and have created many new opportunities for this to develop further. The reform exercise will continue to place stringent demands on staff time and capacity in the foreseeable future, but progress is real and rewarding in many important ways.

3. The United Nations Development Assistance Framework (UNDAF) pilot process got under way in 18 countries. The Joint Consultative Group on Policy/United Nations Development Group (JCGP/UNDG) Subgroup on Programme Harmonization and the Subgroup on Training, both of which are chaired by UNICEF, organized training for all facilitators and agency focal points who were providing technical support to the initiation of UNDAF in the pilot countries. The subgroup on Programme Harmonization also began work on reviewing the pilot phase in preparation for the revision of the draft guidelines issued in 1997 and the expansion of UNDAF. The UNICEF secretariat believes that United Nations reform initiatives in 1997 brought the concerns of children closer to the mainstream of all United Nations work.

4. The evolution of United Nations reform during 1997 has reaffirmed the fact that the very *raison d'être* of the system's development activities is the mission to help ensure human survival and the fullest possible development of human potential. For this to occur, the development activities of the United Nations system must be characterized by relentless efforts to uphold human dignity, to help protect people from arbitrary violence and abuse, to secure peace, to help meet people's basic needs, and to overcome discrimination, inequity and social injustice.

5. The UNICEF secretariat has explored the linkages between the human rights and development mandates of United Nations agencies and is of the firm opinion that human rights and development are inseparable twin concepts - two sides of the same coin. The fulfilment of children's basic human needs is a necessary though not sufficient condition for the realization of children's rights. This understanding has helped the secretariat move beyond the debate on needs versus rights to focus on being a dependable partner in a world where 191 States have ratified the Convention on the Rights of the Child and 166 have ratified the Convention on the Elimination of all Forms of Discrimination against Women.

6. During 1997, UNICEF was able to develop programme guidance for staff on what it means, in operational terms, "to be guided by the Convention on the Rights of the Child" and to "promote the equal rights of women and girls". These programming guidelines were finalized and distributed to all UNICEF offices during the first quarter of 1998. Through regional and country management teams, programme workshops with national partners, programme reviews and continuing dialogue, efforts to apply these guidelines are becoming increasingly real.

7. UNICEF also has continued to work closely with the Office of the High Commissioner for Human Rights and the Committee on the Rights of the Child to better understand and develop the complementarity between the normative work of these bodies and the operational support that UNICEF can provide. In this context, in association with the Office of the High Commissioner for Human Rights and the Committee on the Rights of the Child, UNICEF published and distributed a *Handbook for the Implementation of the Convention on the Rights of the Child*, which is intended to advance the efforts of Governments, non-governmental organizations (NGOs) and United Nations agencies to apply the principles of the Convention on the Rights of the Child.

8. UNICEF has continued to support sector investment programmes (SIPs) and sector-wide approaches (SWAPs) to development in several countries. SIPs and SWAPs are an attempt to reduce aid fragmentation and improve the sustainability of development cooperation by achieving a stronger sense of ownership of programmes and projects that are truly driven by national priorities and approaches. Among their key features are the harmonization of procedures for procurement, reporting and auditing, as well as the pooling of resources. In early 1998, an information note was finalized and disseminated throughout the organization to help clarify concepts and highlight the major issues that are likely to arise when a country office considers participating in a SIP or SWAP.

9. During 1997, UNICEF also began to reap the benefits of efforts since 1995 to establish enhanced standards of performance and accountability under MEP. The challenging process of preparing the 1998-1999 biennium budget (E/ICEF/1998/AB/L.1 and Corr.1) seriously tested many MEP

principles and produced much greater transparency in the budget process. The decentralized programme and budget review process was introduced, respecting MEP agreements on the roles and accountabilities of regions and headquarters. By the end of the budget preparation exercise, the secretariat was able to present the new biennium budget to the Executive Board with renewed confidence that UNICEF is a resilient and well-functioning organization, equipped to accomplish its Mission.

10. While United Nations reform in 1997 emphasized and strengthened formal mechanisms for United Nations inter-agency cooperation, UNICEF also continued to work on building and broadening partnerships for children on other fronts. The Child-Friendly Cities Initiative, a broad coalition of mayors, local government organizations and NGOs, continued to promote greater local government responsibility for realizing children's rights and to tackle the complex challenges that urban environments present for children's well-being. From 11-13 March 1997, the city of Accra in Ghana hosted a major meeting of local government authorities, United Nations agencies and NGOs to discuss measures that local governments must take to fulfil their responsibility for the well-being of Africa's children.

11. The campaign to ban landmines made a breakthrough last year with the signing in Ottawa of the International Treaty to Ban Landmines and awarding of the 1997 Nobel Peace Prize to Jody Williams and the International Campaign to Ban Landmines. UNICEF has since been asked to assume lead responsibility for the efforts to promote ratification of this important treaty which, at press time, has been signed by 124 countries and ratified by five.

12. The fight against child labour continued to gather momentum through governmental, private sector, trade union and NGO action. The Amsterdam conference on child labour, hosted by the Government of the Netherlands in February 1997, pushed for immediate action to end the most abhorrent forms of economic exploitation of children. At a series of regional meetings in Brasilia, Islamabad, Pretoria and Ottawa, UNICEF, the International Labour Organization (ILO) and the Government of Norway worked with Governments, workers' and employers' organizations, and NGOs to shape an agenda for action to end child labour. This action plan was adopted in late October at the International Conference on Child Labour organized by the Government of Norway, in association with ILO and UNICEF.

13. The World Health Organization (WHO) and UNICEF continued to work closely on many common fronts, notably to enhance efforts to combat childhood diseases through an integrated programme approach known as Integrated Management of Childhood Illnesses (IMCI) to strengthen efforts to reduce maternal mortality and renew the struggle to control malaria. UNICEF also joined the members of the Safe Motherhood Initiative (SMI) to mark the tenth anniversary of the Initiative with a technical meeting in Sri Lanka on safe motherhood. With WHO and the United Nations Population Fund (UNFPA), guidelines for using process indicators to effectively monitor progress towards reducing maternal mortality were finalized and published.

14. *The Progress of Nations*, the report on progress and challenges in implementing national programmes of action for achieving the World Summit for Children year 2000 goals, generated widespread press coverage. It drew special attention to the global plague of violence that has left 60 million women who should be alive today "missing". It also put the spotlight on the sanitation gap which, on the verge of the twenty-first century, has left one half of the world's people living in medieval level hygiene and sanitation conditions, surrounded by more resources and better technology than at any other time in history.

15. *The State of the World's Children 1998* report, released last December, brought the silent emergency of malnutrition back into focus. Millions of cases of maternal deaths, low birth weight, preventable disability, poor school performance and low IQ (intelligence quotient) all have common roots in the poverty, neglect and poor nutritional status of women and girls. The report documented the crisis of preventable death, poor health and unnecessary disability that is associated directly or indirectly with malnutrition, but it also reported on encouraging progress and new research that could make it both possible and affordable to reduce dramatically the scope and impact of the nutrition emergency in the early years of the next century.

II. Global trends affecting children and the work of UNICEF

16. The 1997 "Report of the Executive Director" (E/ICEF/1997/10 (Part II)) identified two major global trends that most seriously threaten the survival, development and protection of children in developing countries, and which compromise the peace and security of the global community: rising poverty and declining development resources for ensuring the most basic level of human dignity and human development for poor people. Unfortunately, this report can only reaffirm the secretariat's anxiety about these trends, which seem to become more entrenched as time passes.

A. Growth, poverty and disparity

17. Although the world economy is performing much better in the 1990s than it did in the 1980s, the recovery has produced greater income disparities in many countries and has had an insignificant impact on poverty, except in some countries in East Asia where, given the current crisis, this trend could now

be reversed. The number of people living in poverty is still on the rise. The World Bank estimates that 1.3 billion people live below the poverty line of $1 a day, and UNICEF estimates that at least one half of the poor are children. Furthermore, evidence is emerging that the chronically poor are seeing their standards of living deteriorate, although the overall proportion of people living in poverty may be declining. This indicates a tendency towards growing polarization and social exclusion around the world. Increases in the exploitation of child labour and commercial sexual exploitation of children are just some of the negative features that seem to characterize the globalization process.

B. Official and private capital flows

18. Since the early 1980s, official development assistance (ODA) as a proportion of the donors' combined gross national product (GNP) has been declining from nearly 0.40 per cent to an all-time low of 0.25 per cent in 1996. There are no indications that the decline will be reversed soon. The new phenomenon is that the absolute amount of ODA has declined continuously since 1992. Had the trend of the 1980s continued into the 1990s, the amount of ODA in 1996 would have been $15 billion higher, or nearly 30 per cent above the actual amount. If the current downward trend continues, ODA will cease to exist in the year 2015.

19. Not only has real ODA declined, but the proportion allocated to the least developed countries (LDCs) and other low income countries (LICs) has not increased in recent years. In fact, it has tended to decline. Similarly, the increase in the share allocated to the social sectors (education and health) has been insufficient to compensate for the decline in total ODA. The Organisation for Economic Cooperation and Development/Development Assistance Committee data show that the share allocated to basic education and basic health remains extremely low. Fiscal conservatism and increased levels of inequality and high unemployment in donor countries are the principal reasons for the decline in ODA.

20. The poorest countries continue to be bypassed by the expanding global economy. Although net private capital flows surged to $244 billion in 1996, up from $57 billion in 1991, only a dozen countries have really benefited. With the exception of populous countries such as China and India, most LICs reaped no net private capital flow benefits, thereby reinforcing the already established pattern of exclusion of the neediest countries and the most vulnerable groups within countries.

21. The composition of net private capital flows also has changed considerably. The share of foreign direct investment has been declining, while that of portfolio investment, bonds and private debt has been increasing, making these flows ever more volatile. Preliminary data show that the five East Asian countries hit hardest by the recent crisis - Indonesia, Malaysia, the Philippines, the Republic of Korea and Thailand - saw their capital flows change direction from $93 billion in 1996 to a net outflow of $12 billion in 1997. UNICEF is gravely concerned that the economic crisis and the International Monetary Fund macroeconomic stabilization programmes in East Asia may undermine their ability to provide basic social services to poor children.

C. Public expenditure on basic social services

22. Evidence shows that public spending on social services declined for most of the 1980s. During the 1990s, public expenditure on these services has recovered in many countries, but has not regained the levels of the early 1980s in real per capita terms. Moreover, the recent recovery has tended to favour higher education, tertiary health care and piped water schemes, which account for the lion's share of the recent recovery in public expenditure on social services. Evidence shows that the sectors which most directly affect children's well-being, such as the primary health care systems and basic education, have not benefited from recent fiscal adjustment policies. Social public expenditure remains extremely biased in favour of the less poor.

23. UNICEF has been engaged in policy analysis work on trends in public spending and ODA in relation to basic social services as a follow-up of the World Summit for Social Development commitments and the Oslo Consensus on the 20/20 Initiative. UNICEF is also supporting studies on the financing of basic social services in more than two dozen countries with the help of a Norwegian Trust Fund located within the United Nations Development Programme (UNDP). The objective is to build national capacity to gather and analyse information on expenditure on basic social services. Regional workshops to discuss methodologies and findings have been organized, and they have created a strong intercountry network of policy makers who are focusing on 20/20. UNICEF has worked with Governments, UNDP and the World Bank to place the policy issues related to the financing of basic social services on the agenda of round-table and consultative group meetings.

24. Interest payments on official debt increased from $52 billion in 1991 to $67 billion in 1996, and now exceeds total ODA. In addition, the special initiatives for debt relief (such as highly indebted poor countries) have not had a major impact on the debt burden of most LDCs and LICs, and UNICEF policy analysis work is showing that public spending on basic services is constrained by the heavy burden of debt on the budgets of many LICs and LDCs. Although military expenditure as a percentage of combined education and health expenditure has been falling over time, it still represents more than 50 per cent of such expenditures, and the gains from declining military spending have been lost to debt servicing. World Bank figures

indicate that interest payments on public external debt have soared from 1.2 per cent of GDP in the early 1980s to 4.2 per cent in the 1990s. The total official debt stock of all developing countries has continued to increase rapidly during the 1990s, from $1.1 trillion in 1990 to $1.5 trillion in 1996, a nominal increase of almost 40 per cent.

D. The changing role of the World Bank

25. The emphasis of World Bank lending has been shifting from physical capital lending in the 1970s to adjustment lending (structural adjustment programmes) in the 1980s to social sector lending (SIPs) in the 1990s. Over the past three years (fiscal year 1995-1997), the World Bank lent 23 per cent of its total portfolio to the social sectors - on average $4.8 billion per year. In relative terms, this represents about a threefold increase since the early 1980s. After the steep rise in the late 1980s, International Development Association lending to the social sectors has been stagnating in the 1990s. Increased UNICEF collaboration with the World Bank is being facilitated by a growing convergence of policies, priorities and programme strategies centred around the mutual conviction that "investing in children" is good for human development. Collaboration with the World Bank has continued to expand in several areas, including girls' education, implementation of the 20/20 Initiative and public expenditure reviews, poverty monitoring, child labour and early child care and development.

E. Democratization and popular participation

26. After the decade of democratization in Latin America in the 1980s, several countries in Africa and some in Asia introduced democratic reforms during the 1990s. This offers greater opportunities for civil society participation and empowerment; effective decentralization to local authorities, particularly in the management of social sectors; and the increased role of NGOs in development cooperation. Several NGOs with a global outreach have strengthened their partnerships with Governments, bilateral donors and multilateral agencies during the 1990s in pursuit of global goals similar to those set by the World Summit for Children. UNICEF is strengthening its collaboration with these NGOs which are strong allies in stressing the need to adopt a rights approach to development.

F. More complex emergencies

27. According to UNU-WIDER in Helsinki, the number of humanitarian emergencies - identified by deaths and refugees from internal conflict - has more than doubled since 1990. The number of children affected has risen several-fold and partly explains why progress on most key goals has been slow. An analysis of the root causes indicates that they are not primarily determined by differences in language, race or tribe, but by poverty, macroeconomic instability, high inflation and wide income disparities. Research shows that among 124 developing countries, a doubling of per capita income decreases the probability of a humanitarian crisis by 13 per cent. Child-friendly adjustment programmes, therefore, can help to prevent humanitarian crises and emergencies.

G. Children and families affected by HIV/AIDS

28. It is now evident that the impact of the HIV/AIDS pandemic on children and families is so severe that it threatens to reverse decades of hard-won progress in some regions. Projections suggest that AIDS may increase infant mortality by as much as 75 per cent and under-five mortality by more than 100 per cent in the worst-affected countries by the year 2010. Increased awareness about the severe consequences of HIV/AIDS on children has led to timely research on the extent of the problem, as well as to an analysis of trends. It is estimated that by the year 2010, more than 40 million children in 23 developing countries will have lost one or both parents due to AIDS.

29. The AIDS pandemic will profoundly affect the work of UNICEF in the future. Since its effects are chronic and long term, UNICEF programme and policy responses must match their duration. In at least eight sub-Saharan countries, more than one quarter of children under 15 years old will be missing one or both of their parents, indicating that comprehensive policy responses are critical. For example, in one country with a severe epidemic, more than 50,000 children are orphaned each year, creating enormous demands for social support systems. In addition, health care and education systems also are severely limited in these countries.

30. UNICEF efforts will focus on support to the development of alternative care models and the protection of children orphaned by HIV/AIDS. Much has been learned about what works and is cost-effective from countries, communities and families that have pioneered programme and policy responses. They include community-based alternative care programmes, cooperative day care, feeding programmes, income-generating programmes and strengthened preventative health services. Such efforts need to be intensified and complemented by more comprehensive, system-wide efforts to build needed services and infrastructure that will enable caregivers to cope with the situation.

III. Programmatic responses to major challenges facing children in 1997

31. The major focus of UNICEF programme activity during 1997 continued to be guided by the global agenda for children adopted at the World Summit for Children. In several instances where progress towards achieving the World Summit goals has

been lagging, the data collected through multiple indicator cluster surveys (MICS) have highlighted significant disparities, often rooted in discrimination of various forms, but especially those based on gender and ethnic origin. UNICEF has realized that without serious efforts to address these underlying causes of exclusion, the achievement of many of the development goals for children and women will be virtually impossible. The goals related to maternal mortality and under-five mortality reduction, and education are especially responsive to serious efforts to tackle gender-based discrimination.

32. In 1997, UNICEF continued to promote awareness of and support for the legal policy and operational activities required to achieve the World Summit goals. It continued to respond, within the bounds of its mandate and resources, to many requests for cooperation at national and subnational levels to reinforce the serious efforts that many developing countries are making to fulfil their obligations to children and women. Many of these countries are making valiant efforts in spite of unfavourable economic trends, challenges to their national security and massive outflows of resources to service the national debt. UNICEF continues to place the highest priority on helping countries to implement the development agenda for children and women adopted at the World Summit and further developed at subsequent global conferences. However, the organization faces many of the same resource and capacity constraints that challenge its developing country partners.

A. Programming for the young child

33. Cooperation with national partners continued to focus on the survival, health and development of the young child. This need for sustained attention to children's early years is supported by the growing body of scientific evidence which shows that poor nutrition and the lack of adequate attention to the health, nurture and stimulation of children during their first years of life result in permanent impairment of children's ability to develop their full human potential.

34. Several countries reported significant progress in child health and survival during 1997, although achieving the end-decade goals will be difficult, especially in the sub-Saharan countries of Africa. For example, in Bhutan, the under-five and infant mortality rates (U5MR and IMR) since 1995 decreased from 189 to 133 per 1,000 live births and from 122 to 93 per 1,000 live births, respectively, while in Nepal, U5MR and IMR have fallen to 118 and 79 per 1,000 live births, respectively, despite the severe poverty of both countries.

35. The data on high rates of preventable under-five mortality, coupled with data on malnutrition, especially stunting (low height-for-age), reported in *The State of the World's Children 1998*, tell a tragic tale of the waste of human potential and constitute an appalling transgression of the most basic of children's rights. By looking at child survival and development during the past year from a rights perspective and with the knowledge that the majority of child deaths occur at home and before the age of two years, three issues have come sharply into focus for UNICEF: (a) the importance of recognizing the family in programme strategies as the locus of young child survival, health, nutrition and development; (b) the need for sectoral strategies to converge at the community level so that children's needs are addressed holistically, with families and community-based groups as the main protagonists; and (c) the need to combine targeted short-term action to save lives and protect health, with sustained attention to tackling the underlying and structural causes of preventable child death and failure to thrive.

36. Programme activities, such as the multisectoral Chittagong Hill Tracts project in Bangladesh and the Child Survival and Development programme in the United Republic of Tanzania, among others, continue to demonstrate that with low-cost, community-based approaches, the well-being of children in the first years of life can be secured and their future chances of success in school greatly enhanced. It is clear that programmes for the survival, early care and development of children should ideally combine efforts to make basic preventive and curative health services available to all children, with efforts to ensure adequate nutrition, hygiene, household sanitation and waste disposal, the availability of safe water, and promotion of family know-how about the feeding, care and stimulation of infants and young children. During 1997, many country programmes made serious efforts to work on these issues in an integrated way.

37. Since 1992, IMCI has been evolving as part of the effort to integrate vertical disease control programmes within a better coordinated approach to the management of child health. IMCI, which originally focused on the management of childhood illnesses at the health facility level and the training of health facility staff, evolved significantly during 1997 to include an emphasis on prevention and health promotion within the family and at the community level, as outlined in the joint WHO/UNICEF statement on IMCI released in July 1997.

38. Working with bilateral cooperation agencies and NGOs during 1997, WHO and UNICEF have now clarified their complementary roles in supporting IMCI implementation and have strengthened the focus on developing the response capacity of health systems, promoting community approaches to preventing and treating childhood illness, and ensuring adequate supplies of essential drugs. The IMCI approach recognizes the roles that families and communities can play in the care of their children and the need to focus on the child as an evolving person, not just on child ill health, in the contacts made between families and health facilities.

39. UNICEF has agreed to take the lead in developing ap-

proaches to strengthen family and community actions and to cooperate closely with WHO and other partners in aspects of strengthening health systems, quality assurance and drug availability. This will be achieved by promoting and supporting the convergence of health, nutrition and sanitation interventions at household and community levels.

40. UNICEF involvement in IMCI also included efforts to broaden strategic partnerships, a process which was consolidated during a consultation on household and community involvement in IMCI, which UNICEF hosted in October 1997, and efforts to mobilize resources. To date, funding support has been obtained from the United States Agency for International Development (USAID) for several sub-Saharan African countries. Collaboration with WHO in the implementation of IMCI also will be strengthened in other regions.

B. Immunization

41. Although dramatic reductions in measles mortality were achieved by mid-decade, 850,000 children under five years of age still die from measles every year. This translates to approximately 7 per cent of under-five deaths. In 1997, UNICEF, in collaboration with WHO, refined strategies to reduce measles mortality. This renewed emphasis on measles control links with IMCI to ensure that families and communities understand the importance of measles vaccination and vitamin supplementation, and have the skills for appropriate home care of children with measles. The initiative works with health systems to promote increased coverage with vitamin A supplements by linking vitamin A supplementation and immunization services, and through the strengthening of routine immunization services. In order to have the maximum effect on measles mortality, this initiative also calls for special measles vaccination campaigns for children in high-risk age groups in underserved, densely populated, urban and peri-urban areas. The initiative is especially important in 20 countries in sub-Saharan Africa and South Asia where 85 per cent of measles mortality occurs. Chad, the Congo and the Democratic Republic of the Congo already have conducted urban measles campaigns. Several other countries in sub-Saharan Africa and Asia are planning activities.

42. In 1997, UNICEF and WHO issued a joint policy statement on the safety of injections. In order to protect children, health workers and the general public from potential health hazards created by the inappropriate use and disposal of syringes and needles, the policy urges Governments and donors to systematically supply vaccines with auto-destruct syringes and safety boxes for any elective or emergency mass campaigns.

43. UNICEF continued to support global polio eradication efforts. In 1997, nearly three quarters, or over 450 million, of the world's children received at least one supplemental dose of oral polio vaccine (OPV) as part of this initiative. The preliminary number of polio cases reported in 1997 is 2,319 (the final figure is expected to be about 3,500), approximately a 90 per cent decrease since 1988. The preliminary results from the synchronized National Immunization Days conducted in the South East Asia and Pacific region in December 1997 and January 1998 put immunization coverage rates at over 98 per cent; India alone immunized 128 million children under the age of five years in a single day. In Africa, it is expected that over 100 million children will be immunized during the 1997/1998 campaigns. UNICEF also supported community involvement in disease surveillance which will contribute to reaching the polio eradication goal.

44. Private/public relationships were strengthened to reach goals and improve immunization services, notably injection safety. UNICEF continued to play a major role in vaccine procurement, with 1.15 billion doses procured – more than one half of which were OPV for the global polio eradication effort.

C. Malaria

45. In response to the growing death toll among young children and pregnant women caused by malaria, UNICEF increased its attention and activities in 1997 to combat this deadly infection. An informal consultation meeting was held 18-20 June in New York to review the technical strategies available for malaria control, to identify areas of UNICEF comparative advantage and to define appropriate programme approaches. The meeting brought together staff from New York, regional and country offices, WHO, the United States Centers for Disease Control and Prevention, Harvard and Johns Hopkins universities, and several donor agencies. The consensus at the meeting was that key elements of UNICEF efforts should be the accelerated provision and distribution of insecticide-treated bednets, improved case management in homes and health facilities, community participation and social mobilization, health promotion and communication, and monitoring and evaluation. When possible, these activities are being undertaken within the context of IMCI.

46. Ninety per cent of the burden of malaria illness is in sub-Saharan Africa and, consequently, the majority of efforts were directed towards country programmes in the West and Central Africa and the Eastern and Southern Africa regions. Some 25 country programmes are implementing malaria-related activities. Malaria activities which have been ongoing for some time in countries such as Bolivia, the Lao People's Democratic Republic and Zambia are being evaluated so that renewed efforts in Africa can benefit from lessons learned to date.

47. Significant success towards the reduction of malaria morbidity and mortality will require mobilization of broad partnerships, including national Governments, NGOs, United

Nations agencies, donor agencies and the private sector. A priority activity is to identify and establish a mechanism for inter-agency coordination for the use of limited resources and to maximize the inputs of individual agencies. UNICEF, along with major partners (WHO, the World Bank, UNDP and the United Nations Educational, Scientific and Cultural Organization (UNESCO)) participated in a milestone meeting in November 1997 to develop strategies to improve global coordination of malaria activities. A summary of coordination options is expected by mid-year 1998.

D. Helminths

48. Over 2 billion people in the world today, most of whom live in developing countries, are infected with helminths. It is estimated that close to 500 million children under 14 years of age are infected. There is growing evidence that worm infestation reduces the normal growth of children, contributes to their overall ill health and negatively affects school performance.

49. The anthelminthic drugs mebendazole and albendazole are inexpensive, safe and can be easily administered by parents and teachers. Helminths control should be implemented through a mixed strategy of integrating worm control interventions into ongoing community-level health programmes, where feasible focusing on children under five years old and women, and through the school health programmes that are aimed at children in the 6- to 15-year-old age group.

50. UNICEF organized an expert consultation in February 1997 to review available evidence on the benefits of large-scale helminths control programmes. A study of children under five years old in India, for example, showed that there was significant improvement in growth in children who were dewormed, compared to those who were not. Recent studies also have shown significantly improved school performance among children after they have been treated for worms.

51. WHO and UNICEF are in the process of finalizing technical guidelines for use at the country level to guide helminths control, which is to be undertaken within the context of existing community-based programmes such as IMCI and school health initiatives. Since inadequate sanitation and poor hygiene are major factors in the transmission of helminths, the renewed focus on sanitation is developing within the context of efforts to attain goals related to women's health and child mortality and morbidity. UNICEF support for helminths will focus on the countries of sub-Saharan Africa and South Asia.

E. Tackling maternal mortality

52. Although overall global progress towards the goal of reducing maternal mortality has been disappointing, there is now a heightened awareness and greater consensus on the most effective interventions to reduce maternal and neonatal mortality. In several countries, national programmes of cooperation to reduce maternal and neonatal mortality and morbidity are going to scale with support from UNICEF and other partners, and are expected to show positive results in the next two to five years.

53. Through extensive dialogue with WHO, UNFPA and the SMI partners, UNICEF is now confident that the most effective short-term strategy to reduce maternal mortality is one that combines efforts to ensure women's access to essential obstetric services, with the assertive promotion of women's health and development rights, and activities to create "mother-friendly" movements at community and national levels.

54. The importance of good nutrition was recently highlighted in *The State of the World's Children 1998* report, and linkages between women's nutritional status and maternal survival are beginning to be better understood. As an important aspect of longer-term strategies, UNICEF programmes are making explicit linkages between the education and health of women and girls and efforts to reduce micronutrient deficiencies and promote good nutrition for girls and women through community-based systems. During 1997, UNICEF cooperation promoted family and community support for delayed marriage and childbearing, opportunities for expanding girls' access to quality education and training, and women's income-earning and opportunities.

55. In Bangladesh, Bolivia, Egypt and Mali, programmes have helped to increase the quality and availability of prenatal and delivery care, and have improved the utilization of services. In Mali, referrals increased when simple means of communication (radio/telephones) and transport (cars equipped with stretchers) were made available at health centres and paid for by communities and health authorities. In Benin, communities were involved directly in the management of services at district hospitals and health centres through management committees, and referral systems have been strengthened for treatment of complications. In Viet Nam, communities were assisted to form networks that will support women in the event of obstetric complications.

56. In a range of countries, UNICEF provided support for training health staff, equipping and managing health facilities, establishing monitoring systems and improving women's access to good quality services. In Bolivia, the utilization of health services by women rose over the past two years through the establishment of a health insurance system designed for pregnant women and young children. In Peru, training and supervision of maternal and child health workers in the Andean areas improved their ability to recognize danger signs and doubled the number of referrals to health facilities. In Burundi, subsidized sales of delivery kits to pregnant women reduced maternal infections and neonatal tetanus, while the revenues were used

by health centres to transport women with obstetric emergencies to hospitals.

F. Adolescent health

57. What happens to young people during their adolescence has a significant impact on their health and future development opportunities, as well as on their capacity to be caring, supportive and responsible parents and adults. During 1997, many UNICEF country offices continued to support programmes to promote the health and development of young people by engaging in national planning and policy development and by supporting educational and service provision activities through multiple channels.

58. There were a number of regional initiatives that aimed to mobilize and support programming for young people, including the Eastern and Southern Africa regional HIV/AIDS/Youth Network meeting on youth-friendly health services, the "Sara" communication project and the Eastern and Southern Africa regional training meeting on life skills education. The West and Central Africa region organized a meeting focusing on young people, HIV/AIDS and rights; the Regional Office for Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States supported a number of reviews of the situation of young people in the region; and the Latin America and Caribbean region organized a major regional consultation that examined the problem of adolescent pregnancy from a rights perspective and discussed how this approach broadens programmatic responses beyond the health sector.

59. UNICEF experiences in the area of youth health programming over the past four years were recorded in the publication *Youth Health - for a Change: a Notebook on Programming for Young People's Health and Development*, which was distributed widely throughout the organization and to the many partners who contributed to its development. Plans are already under way to translate and adapt this to regional contexts, in collaboration with key partners. The *Notebook* forms the basis for the Young People's Programme Knowledge Network, which developed significantly during 1997. Two important global meetings took place during 1997: a global consultation on young people's participation; and the first meeting of the UNICEF Interregional Programming Group on Meeting the Health and Development Rights of Young People in Crisis. In order to strengthen collaboration across professional and organizational boundaries, 1997 also saw the initiation of an interdivisional working group on young people at headquarters.

60. UNICEF continued to play an important advocacy role in relation to young people's health. Tobacco received particular attention during 1997 because it continues to seriously undermine children's rights to health and development and is creating an additional burden of disease for poorer developing countries. UNICEF also continued to develop its partnerships, strengthening its collaboration with WHO, UNFPA, the United Nations International Drug Control Programme, the Joint and Co-sponsored United Nations Programme on HIV/AIDS (UNAIDS) and a range of NGOs. One product of this collaboration was the recent publication by the Commonwealth Youth Programme, *Global Commitments to Youth Rights: a guide for young people to the Government agreements from the United Nations world conferences from Rio to Istanbul*. During 1997, UNICEF continued to contribute to the global follow-up to such conferences and to the development of new programming areas that flow from such conferences.

G. Responding to the impact of HIV/AIDS

61. UNICEF continued to respond to the startling dimensions of the HIV/AIDS pandemic within the context of UNAIDS. The issues that continued to concern UNICEF most directly during 1997 included the search for effective and affordable ways to prevent vertical transmission of HIV; the promotion of safe behaviour to reduce the risk of infection, especially among children and adolescents; and efforts to develop and strengthen affordable community-based strategies to help families, especially women and children, cope with the impact of HIV/AIDS.

62. Many country programmes continued to search for effective ways of integrating activities to promote healthy behaviour into formal and non-formal education programmes, making effective use of various media, and building partnerships with organizations and individuals that influence youth culture and behaviour. Although the prevention of HIV/AIDS is often the lever that is driving many such activities, these efforts are focusing on developing young people's critical decision-making abilities to enable them to apply these skills to a range of challenges they face in their passage from childhood to adulthood. The Caribbean Regional Health and Family Life Education Programme is a good example of effective efforts to mainstream the development of these life skills in the school system through cooperation with multiple partners, including ministries of health and education, teachers' organizations and teacher-training institutions, family life associations, the University of the West Indies, the Caribbean Community, UNICEF and their agencies, notably the Pan American Health Organization (PAHO) and UNFPA. The rate of HIV/AIDS infection in the Caribbean is second after Africa, and the incidence among adolescent girls is one of the highest.

63. The Mekong project for HIV/AIDS related activities was initiated in 1996 for a duration of two years, with the technical assistance of UNAIDS and supported financially by the Netherlands Committee for UNICEF and the Government of the Netherlands. Examples of innovative approaches include collaboration to develop training materials for young people and

support peer group education on issues of youth health and responsible behaviour to reduce the risks of HIV/AIDS and other sexually transmitted diseases with Family Health International, the Ford Foundation, Save the Children, the Australian Red Cross and national Red Cross Societies in Cambodia, Yunnan province in China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam.

64. In Addis Ababa, UNICEF and WHO collaborated to bring together representatives from 18 African countries to review experiences in various countries and to assess lessons learned from several years of programme activity in Uganda and Zimbabwe. Reports from countries that participated indicate that the meeting has stimulated innovative efforts to promote awareness and safe behaviour among young people. The "Sara" communication initiative, funded by the Governments of Canada and Norway and the UNICEF National Committees in the United Kingdom and the United States, is part of a regional strategy to support UNICEF activities to address HIV/AIDS, youth health and girls education.

65. The issue of vertical transmission of HIV is of great importance to UNICEF given the organization's leadership within the United Nations system on the promotion, protection and support of breastfeeding. UNICEF and other UNAIDS cosponsors worked to find ways to reduce the risks of infection in infants born to HIV-positive mothers and to maximize their survival if they are infected. UNAIDS has provided technical assistance and research oversight related to vertical transmission, while UNICEF has led in moving forward country programmes aimed at reducing vertical transmission of HIV.

66. To accelerate progress through country programmes, UNICEF developed a situation analysis tool to facilitate country-specific assessments. Approximately 10 UNICEF country offices will complete the situation analysis and this information will help to guide programme development in 1998. UNICEF also has been helping health systems to develop the capacity to manage the new drug regimens to reduce vertical transmission and expand women's access to voluntary and confidential testing and counselling services. With the findings from clinical trials in Thailand, which proved that a short-course regimen of the drug AZT can effectively reduce vertical transmission, the efforts of UNICEF and UNAIDS in this regard will be even more crucial in the future.

H. Basic education

67. Progress continues to be made in basic education around the world, but the pace is uneven, and millions of children are still denied their right to basic education. Efforts to improve access are showing in increased enrolment rates, but access is still a major problem in sub-Saharan Africa and South Asia. It also remains a major problem for various groups of marginalized and excluded children worldwide who are poor and who are often also victims of discrimination based on gender and ethnic origin. In most countries, girls are still the most marginalized. Two thirds of the children who are not in school are girls, although in some countries the rates of boys' enrolment and retention are falling. Special conditions such as disability, armed conflict and the exploitation of children's labour also create additional hurdles that must be overcome before all children's right to be educated can be realized.

68. In addition to access, cost and quality are major factors that contribute to the lack of achievement of Education For All (EFA). Even in countries that have increased investments in education, there has been an uneven relationship, with greater learning gains on the part of many more children. Many other countries have not made the choice to invest in basic education. As a result, the private and opportunity costs of education for families are soaring in relation to disposable income, resulting in fewer children in school and contributing to increased child labour.

69. UNICEF continued to place great emphasis on programmes to improve the quality of basic education, and especially to give girls equal access to quality education. In Zimbabwe, parents and communities are engaged in an important process to contribute to improved quality, and in Zambia, the curriculum is under review to ensure that it responds to the learning needs of boys and girls and overcomes the gender bias that characterizes many curricula. Similarly, the Dominican Republic is engaged in textbook revision and teacher training to address gender issues.

70. The principles of the Convention on the Rights of the Child increasingly guide UNICEF cooperation with national partners in defining the purpose, content and assessment of basic education. The programme experience in Tunisia provides important lessons on how to approach a national-level programme for ensuring quality. In Nigeria, the issue of promoting and assessing learning achievement is being addressed seriously.

71. A number of countries are engaged in implementing diversified approaches to basic education. Guatemala is addressing critical language issues through its bilingual education programme, the Philippines has a programme to address multigrade teaching which involves 12,000 teachers, and Papua New Guinea is working with community-level school boards to improve school management. Community partnership is also a key element in the basic education programmes of East Asia and the Pacific. The needs of out-of-school girls are being met in Guinea through 45 *Nafa* (means "something useful" or "practical") centres and in Uganda through the Complementary Opportunity for Primary Education Initiative programme.

72. In the past year, UNICEF clarified the programmatic linkages and approaches to education and child labour, based largely on programme experience in countries such as Bangladesh, Brazil, India, Morocco and the United Republic of Tanzania. These countries are showing that it is possible to improve the lives of working children by providing quality education combined with other interventions. Similarly, education remains a key aspect of working with children affected by emergency and conflict situations. Liberia and Sierra Leone are among the countries struggling to reconstitute education systems. UNICEF now has an intranet network of educators engaged in emergencies and post-conflict situations, including in Angola, Colombia, Croatia and Somalia, sharing information and experiences on this topic. UNICEF continues its extensive efforts in girls' education and is conducting a review of a major portion of the programme in Africa later this year.

I. Water, environment and sanitation

73. During 1997, UNICEF programmes of cooperation in many countries gave special attention to the issue of sanitation. Renewed efforts were made to create awareness of the scale of the problem and to strengthen national capacity to achieve the global goal. Of special note are three national training events in low-cost sanitation technologies which took place in Burkina Faso, Guinea-Bissau and Nigeria for Governments, NGOs and private sector professionals from 18 countries of the West and Central Africa region and the Comoros and Haiti. In addition, a consolidated plan was developed for the promotion of sanitation in these countries. In Eastern and Southern Africa, training sessions on hygiene evaluation procedures took place in Asmara, Eritrea.

74. Particular attention was paid to gender issues in relation to water supply and sanitation. In November 1997, a joint workshop on Women's Participation and Gender Considerations in Water Supply and Sanitation Services was organized for Southern African countries in Pretoria by UNICEF, the UNDP-World Bank programme and UNESCO. To ensure the integration of gender issues in UNICEF programming, a handbook for programme implementers entitled *Mainstreaming Gender in Water, Environment and Sanitation Programming* has been completed.

75. With regard to the United Nations System-wide Special Initiative for Africa, a memorandum of understanding (MOU) was signed between UNICEF and the World Bank on water supply and sanitation in Africa to pave the way for country-level cooperation. In this context, UNICEF is assisting in the management and implementation of the World Bank-funded 500 water points programme in Madagascar. With the United Nations Environment Programme, UNICEF is working on an information series on the environmental problems affecting children, to be completed in 1998.

76. The Water Supply and Sanitation Collaborative Council Global Forum, held in Manila in October 1997, endorsed the Global Environmental Sanitation Initiative proposed by UNICEF and WHO. The Initiative aims at promoting awareness and behaviour change to address the global sanitation gap and its impact on people's health and development through effective communication strategies that focus attention and action on the problem.

77. In India, the freshwater case studies were completed in five ecozones, and a dialogue on appropriate action between the Government and NGOs has begun. These studies, conducted in partnership with the World Wide Fund for Nature, have examined the gradually unfolding freshwater crisis in India resulting from declining water tables, widespread pollution due to waste water and the lack of sanitation, and environmental degradation. The report from the studies provides policy and programmatic recommendations for freshwater management covering areas such as community management, effective legislation and water rights, technological options, water quality, and treating water as an economic resource and a fundamental right for development and growth.

78. To facilitate implementation of the water and environmental sanitation (WES) strategies approved by the Executive Board at its 1995 annual session (E/ICEF/1995/9/Rev.1, decision 1995/22), 6 of 10 modules of a WES technical guideline series have been completed. The series is designed to facilitate programme design, implementation and evaluation. The use of the sanitation handbook, which has been distributed to over 100 countries, is being monitored in Zambia with the collaboration with USAID.

79. During 1997, UNICEF country programmes in Cuba, Honduras, Liberia, Pakistan and Mozambique continued to focus on improving water supply systems and sanitation in urban slum areas. In collaboration with the United Nations Centre for Human Settlements (Habitat), UNICEF is developing a handbook for field-level operations on how to select and apply appropriate urban sanitation technologies. UNICEF also collaborated with Habitat in the ongoing consultation with African countries on developing public/private partnerships in water supply and sanitation in urban areas.

IV. ISSUES OF SPECIAL INTEREST TO THE EXECUTIVE BOARD

A. Strengthening organizational capacity in evaluation

80. Improving programme performance and policies through effective evaluation work is a priority concern. The year 1997 saw action to strengthen evaluation practice and capacity, to improve the organizational database and dissemination of

lessons, and to enhance the quality and relevance of evaluation work.

81. New information technology is having a positive impact on evaluation practice and capacity. In 1997, the Division of Evaluation, Policy and Planning established a website to disseminate evaluation results and findings, relevant statistical data and methodological information, as well as to establish links to other relevant sites. This is complemented by a newsletter and working paper series, as well as a CD-ROM of the updated evaluation database (currently 7,400 evaluations/studies) that is distributed annually to all offices. The database will be evaluated this year for impact and to identify ways to improve utilization and interface with other databases. The expansion of electronic networking through UNICEF and other professional evaluation networks is further facilitating the dissemination of lessons learned, and allows more intensive peer review and information sharing on methodologies and technical resources, including distance learning. This reflects the commitment of UNICEF to knowledge networking and is strengthening linkages between practice and policy formulation, and between the field and professional evaluation expertise.

82. Regional offices and management teams are taking a more active role in monitoring and evaluation, establishing regional evaluation priorities and plans, intensifying country support and promoting capacity-building through technical meetings and training workshops. With regard to the latter, a monitoring and evaluation training package was developed and tested in 1997, and further testing is taking place in India and in the Latin America and Caribbean region before finalization in a modular format that is adaptable to the needs of various professional disciplines of national counterparts. Evaluation is prominent at key points in the programme cycle through the use of lessons learned in strategy formulation, the integrated monitoring and evaluation plan in programme design, and more systematic evaluation practice, especially linked to mid-term reviews (MTRs). MTRs in Brazil, Uganda and the countries of Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States reflected this heightened evaluative focus, employing varied techniques, including assessment of counterpart and beneficiary views, and independent external evaluations.

83. Regions and New York are also undertaking thematic and cross-cutting evaluations to identify lessons learned and examples of good practice. An example is the 1997 evaluation of MICS, which provided an independent assessment of its effectiveness and contribution to capacity-building and pointed to ways it could be revised to meet other needs. Another example is the Bamako Initiative implementation review, based on country case studies of eight national experiences, which generated insights on the process of health sector reform and health service revitalization, and identified implications for UNICEF and its partners. This helps UNICEF to bring its experience to bear on national health reforms more effectively and contributes to approaches for programme sustainability.

84. The year 1997 witnessed the increasing visibility and relevance of child rights in evaluation work. The Convention on the Rights of the Child was mentioned with greater frequency as a reference to monitor the situation of children and assess programme effectiveness, especially with reference to the application of the principles of non-discrimination and of children's right to participate. Emerging themes in evaluations included children's participation, links to national mechanisms to monitor implementation of the Convention on the Rights of the Child, the collection and analysis of data to identify and help reach the most vulnerable children, and a new emphasis on children requiring special protection.

85. Recent evaluations and MTRs reflect a concern to improve programme effectiveness through a focus on results. Examples include the evaluations of the *Programa de la Región Andina* (Programme for the Andean Region) in Bolivia, the guinea worm eradication programme in West Africa, the water and environmental sanitation programme in the Lao People's Democratic Republic, the Viet Nam *Facts for Life* project and the Senegal country programme evaluation. Another dimension of this focus is seen in the way the monitoring of goals for children is helping to mobilize political commitment and draw attention to disparities and performance gaps requiring action. The MICS exercise has been critical in this effort to focus on development outcomes for children. After a positive MICS evaluation, work is now under way to extend the monitoring of the situation of children to all essential dimensions of the Convention on the Rights of the Child, thereby strengthening national capacities to assess progress in implementation of the Convention and report effectively to the Committee on the Rights of the Child.

86. In view of the number of emergency-prone countries, UNICEF revised the monitoring and evaluation instruments for emergency programmes and joined the World Food Programme and the Office of the United Nations High Commissioner for Refugees (UNHCR) in a joint lessons learned exercise on the Great Lakes emergency. Another inter-agency exercise is the WHO/UNFPA/UNICEF publication on process indicators for obstetric services that should contribute to improved programming for maternal mortality reduction. Other action to improve evaluation tools, initiated in 1997, related to the monitoring and evaluation of capacity-building and participation in response to MTR and evaluation conclusions that capacity-building and participation need to be strengthened, both to attain planned programme objectives and also as essential factors for sustainability.

B. Monitoring the situation of children

87. The mid-decade process of assessing the goals demonstrated the feasibility of filling gaps with quality and timely data. Governments in 60 countries carried out MICS, and additional data were collected through 14 demographic and health surveys and 29 other household surveys - covering nearly 100 countries in all. This was an enormous achievement over a period of two years, never before done outside of censuses. Although the MICS were targeted for use at mid-decade, a number of countries have found the results so useful that they are continuing to use this methodology in periodic surveys. MICS also has expanded the availability of data by gender and other classifications. Capacity has been enhanced by the mid-decade measurement process, and many countries have been able to assess and refocus their programmes to improve the situation of children.

88. UNICEF continues to work with the World Bank, UNDP and other partners to develop indicators and methods to monitor poverty. The process indicators to monitor maternal mortality were endorsed at the Safe Motherhood Conference in Colombo in October 1997 and are now being applied in a number of countries. A meeting was held from 9-12 February this year to develop global indicators to monitor child rights. The meeting brought together technical experts and field practitioners from both within and outside the United Nations system. For each of the seven themes identified by the Committee on the Rights of the Child for use by State Parties to report on progress of implementation of the Convention on the Rights of the Child, the meeting identified specific indicators and gaps. Technical guidelines on the application of the available indicators will be issued to the field shortly while work continues to identify indicators in areas where there are gaps.

89. UNICEF and WHO undertook a review of the water supply and sanitation Joint Monitoring Programme to enhance its effectiveness which aims at strengthening country-level monitoring capacity. In this regard, good progress has been made in Latin America and the Caribbean with the support of PAHO, as well as in countries such as the Gambia, Liberia, Nigeria, the Philippines and Sri Lanka. UNICEF continues to work with countries, UNESCO and others to improve education statistics, especially through the programme on National Education Statistical Information Systems, and through the use of household surveys. This activity, now based in Harare, also includes Ethiopia, Guinea and Mauritania among the participating countries.

90. Despite capacity improvements from the mid-decade review process and other interventions, countries still will require support to collect the data necessary for assessing the end-decade situation, and the task is greater than at mid-decade because of the type and range of indicators and the additional countries expected to participate. An estimated $20 million will be required to help countries complete the end-decade review exercise.

C. Participatory approaches to ensuring sustainable outcomes for children and women

91. The critical importance of participatory approaches in so many of the programme activities that UNICEF supports has pushed the secretariat in recent years to strengthen organizational capacity to work more effectively with various partners and to facilitate community participation. In an effort to better understand what approaches seem to produce the best results, the secretariat has embarked on an effort to assess past and current field experiences in promoting community and stakeholder participation in UNICEF-supported programmes. Through country offices, a variety of approaches for integrating community participation have been identified, and the lessons learned have been documented.

92. This study of effective community participation strategies is organized to assess a range of issues. A section on mainstreaming community participation in UNICEF examines the background of community and stakeholders' participation and explores the main programming approaches used by UNICEF, including setting objectives and defining strategic options. A section on profiles in community participation emphasizes how the integration of community and stakeholders' participation usually has occurred in a rather exploratory and iterative manner and the variety of its influences on programmes. A chapter on promoting the participation of the community and stakeholders highlights opportunities and constraints, and a section on lessons learned in community participation is the concluding chapter. The report is essentially an analysis of what has and has not worked, it posits the implications for future action and includes a "Framework to Evaluate Community Participation", with an annotated list of specific indicators.

93. In addition to the above-mentioned analysis of experiences on participation, two field-based initiatives were undertaken to further UNICEF understanding of community participation and how it is being implemented in the field by pilot testing new approaches in capacity-building and evaluation. UNICEF in Thailand supported the development of a pilot training workshop on "Action-Oriented Community Diagnosis". The workshop reviewed the status of community participation in decision-making for national-level policy guideline development and is a community assessment technique that builds a partnership between agencies and communities to collect and analyse data from the perspective of outsider service providers and insider village members for the purpose of developing action plans. Offices in Brazil, Kenya and the United Republic of Tanzania also were involved in a global exercise to evaluate the level and quality of community participation in health

programmes.

D. Strengthening partnerships

94. As national efforts to implement the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women increase, so has UNICEF cooperation with a broad spectrum of civil society organizations and NGOs at national and global levels. At the national level, the importance of participatory approaches to programme development and implementation, and the need to keep the rights and well-being of children and women high among national priority concerns, has reinforced partnerships with NGOs and civil society organizations.

95. During 1997, at the request of the Consultative Committee on Programme and Operational Questions, UNICEF played a leadership role in establishing an inter-agency consultative mechanism on issues of programmatic and operational collaboration with NGOs and other civil society organizations. A first consultation was organized by the Consultative Committee and the United Nations Non-Governmental Liaison Service on 20-21 November in Geneva to exchange ideas and experiences on ways to improve operational collaboration with civil society organizations at country and other levels, and to identify areas for future inter-agency work and consultation. Five working groups were established to address administrative issues, propose joint strategies in capacity-building and generate a more consistent system-wide approach to civil society.

96. UNICEF is providing support in a number of areas where NGO coalitions have played a leading role. Of special importance is the cooperation with NGOs in responding to the recommendations of the World Congress against Commercial Sexual Exploitation of Children held in Stockholm, the campaign to ban landmines, the Alliance for Girls' Education in Africa and the International Network on Juvenile Justice. In addition, UNICEF is often part of broad-based coalitions which bring together United Nations agencies, bilateral donors and NGOs and which support action at the country level. One such coalition, which became operational in 1997, is the Alliance for Community Action on Female Education, created under the auspices of the Association for the Development of Education in Africa. The Alliance provides local NGOs and community-based organizations with technical, managerial and financial support to expand girls' opportunities for equitable education in Africa, and to date has launched programmes in Ghana and Zambia.

97. Recognizing the challenges faced in realizing the World Summit for Children goals by the year 2000, members of the NGO Committee on UNICEF met in November to strengthen their cooperation at the country level around three common themes: child survival and nutrition; basic education, especially for girls; and children in armed conflict. In addition, the NGO Committee is exploring ways in which it can contribute to the review of the "Year 2000 Goals". Many international, regional and national NGOs continue to support the World Summit goals at the country level and to work with UNICEF in promoting common priorities. For example, the delivery of low-cost latrine slabs is being expanded in 17 West African countries through capacity-building and the delivery of supplies to local NGOs.

98. Many NGO partners have been concerned about the growing disparities as a result of economic globalization and the impact of structural adjustment on the services that are so vital to the health and development of children. They are, therefore, active in promoting the 20/20 vision and have initiated the Structural Adjustment Participatory Review Initiative with the World Bank.

99. UNICEF also continues to benefit from the significant financial support of a number of NGOs and from the private sector, either through programme collaboration at the national level or internationally through supplementary funds contributions. Most notably among these global contributions in 1997 were donations from Kiwanis, Rotary International and the Nippon Foundation.

E. Priority actions for Africa

100. Although most of the countries of Africa continue to be marginalized in relation to the expanding global economy, an analysis of programme trends shows many positive gains in some countries despite the formidable obstacles facing the children of Africa and the complex and tragic new challenges that must be faced due to the expanding HIV/AIDs pandemic. For most countries, access to world capital markets and information networks is still virtually non-existent, debt servicing continues to rob citizens of the benefits of resources needed for investments in human development, and ODA has stagnated. However, on the positive side, there are encouraging signs of economic recovery, constitutional reform and an emerging, vibrant civil society in some countries.

101. UNICEF adopted a modified allocation system for general resources which will give greater priority to countries with high under-five mortality and low income. Thus, the priority general resources allocations to Africa will increase in line with the agreement that UNICEF should give highest priority to the most disadvantaged children and the countries in greatest need.

102. UNICEF cooperation continues to emphasize participatory and integrated approaches that help to strengthen essential social services at the community level. There also are increasing efforts to help national partners reform civil and penal legislation in light of the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination

against Women and to promote the participation of children and youth in public debates on issues that concern them directly. Guided by the child rights principles of non-discrimination and universality, programmes in Botswana, Eritrea, Kenya, Mali and others are helping to extend basic social services to remotely located and underserved populations. These experiences, although still relatively few, are being shared through inter-country exchanges, better managed annual reviews and MTRs.

103. In 1997, UNICEF organized a forum in Addis Ababa on cost-sharing and user fees for education and health in sub-Saharan Africa. It was organized in collaboration with the Economic Commission for Africa (ECA) and the World Bank, and was co-sponsored by the Governments of the Netherlands, Sweden, the United Kingdom and the United States. The forum agreed on 15 principles which stipulate that primary education and preventive health care services should be either free or heavily subsidized. A consensus is emerging that user fees should be considered after a thorough review of other financing options, including general taxation, and should be limited to non-basic services. Moreover, cost-sharing should be tested carefully before being generalized to ensure that the poor, women and children, and other disadvantaged groups are not adversely affected. The principles have since been adopted by the donor agencies that participate in the Special Programme of Assistance for Africa.

104. At a recent United Nations System-wide Special Initiative for Africa retreat which took place in February 1998 in New York, the Initiative was found to be much too broad in scope, and a decision was taken to refocus and streamline it. As a result, over the next two years, the Initiative will prioritize (a) education in the 15 low enrolment countries; (b) health; (c) information technology; (d) governance; and (e) population and gender issues. UNICEF remains fully committed to the Initiative and is concentrating on education and health programmes at the country level. UNICEF is collaborating with the World Bank and UNESCO on the additional effort required to increase enrolment and improve the quality of primary education in the selected group of 15 countries with particularly low enrolment levels.

105. During 1997, UNICEF was very involved in the preparation and implementation of SIPs and SWAPs across the region. In the health sector, UNICEF has contributed to sector-wide programmes in Ethiopia, Ghana, Kenya, Mali, Senegal, the United Republic of Tanzania and Zambia. In the case of Ghana, an MOU was signed with the Government, together with other partners, including the Danish International Development Agency, the Department for International Development (United Kingdom) and the World Bank. UNICEF will support national capacity-building for the management of such programmes that are often funded from a common pool of resources. Other countries are preparing sector-wide programmes for basic education in which UNICEF is equally involved (e.g. Ethiopia and Mali). UNICEF involvement generally focuses on supporting decentralization and capacity-building at the local level and engaging communities in the management of services, in addition to the more traditional forms of cooperation such as the provision of supplies.

106. National capacity-building and decentralization efforts are having a positive impact on social policy development and the reorganization of social sectors, especially the health care referral system, which is critical for the improved essential obstetric services required to reduce maternal deaths. Efforts continue in health and education sector reform aimed at improving access to and the quality of basic services. Advocacy efforts also have translated into higher rates of salt iodization, local management of health services and new initiatives on child protection. In countries with recent or ongoing emergencies, UNICEF continues to play an important role in emergency situations and in rehabilitation in the areas of health, nutrition, education, water and sanitation, the demobilization of child soldiers, family tracing and psychosocial support for child victims of war.

107. Linked partly to greater population density and the deterioration of the urban environment, the resurgence of malaria is causing increased death and suffering among children in Africa. Malaria prevention and control strategies are receiving renewed and increasing attention with Angola, the Comoros, Ethiopia, the Gambia, Ghana, Nigeria, Senegal, Rwanda, the United Republic of Tanzania, Zambia and others undertaking community-level programming and evaluative activities, which are helping to refine drug policies and approaches as well as the use of impregnated bednets in different socio-cultural settings.

108. Persistent poverty and its impact on household incomes, food security and access to basic services have resulted in child malnutrition levels either stagnating or deteriorating. UNICEF is providing support to countries to analyse the reasons behind the persistent high levels of malnutrition and is encouraging the establishment of community-based monitoring and coping systems. Programmes in the countries of the Great Lakes region and other countries in crisis have helped to cushion the nutritional impact on children by supporting more systematic preparedness at national and community levels.

109. The spread of HIV/AIDs and its social and economic impact are especially acute in many East African countries. A dramatic reduction in life expectancy as a result of HIV/AIDS is projected for several countries of the region. In most countries, greater attention is being given to communication for behaviour change through the diversification of communication and information channels and the greater participation of youth. Social mobilization efforts for the eradication of female genital mutilation, involving key partners, women's organizations and

religious leaders, have helped to improve communication planning and implementation on a wider range of issues.

110. There has been an increase in efforts to raise public awareness and governmental response to children in need of special protection, especially with regard to child labour, the sexual abuse and exploitation of children, particularly girls, urban violence and juvenile justice. Through advocacy, policy research, access to education and special measures for children who have been seriously traumatized, UNICEF cooperation in several countries is assisting Governments to tackle the complex problems that have long been unacknowledged and, therefore, neglected. The secretariat has found this new willingness to address sensitive issues very encouraging and especially welcomes the role that the Organization of African Unity is playing with regard to many of these issues, especially child labour and armed conflict.

111. Achievement of World Summit for Children goals remains a major challenge for most countries. Many countries have conducted National Immunization Days for polio eradication. Fifteen sub-Saharan countries are paying for at least 10 per cent of their routine vaccines, many through schemes such as the Vaccine Independence Initiative. The Bamako Initiative strategy, which promotes sustainability through community participation in the management and delivery of basic health care services, is helping to focus the use of available resources on goals related to the reduction of maternal mortality, IMR and U5MR. On the other hand, 13 countries have experienced slippage of routine coverage of measles vaccine by at least 20 percentage points. As of early March 1998, 12 countries still reported shortfalls in funding for measles vaccine for 1998.

112. Finally, the climatic changes brought about by "El Nino" have caused floods in parts of Kenya, Somalia, Uganda and the United Republic of Tanzania and drought in other areas. This has impacted negatively on household incomes, food security and access to sanitation and health services, leading to increased health risks and epidemics.

F. Mainstreaming gender

113. Increasingly UNICEF country programmes are addressing gender as a cross-cutting issue and are helping to support implementation of the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women as a means to eliminate gender inequalities. Of the new country programmes approved by the Executive Board in 1997, those of Bolivia, the Eastern Caribbean islands, the Lao People's Democratic Republic, Mali and Venezuela emphasized support for the realization of women's rights, with a number having concrete actions for addressing violence against women.

114. In January 1998, country notes for Angola, Ecuador, Equatorial Guinea, India, Kenya, the Gambia, Maldives and Pakistan were presented to the Board for new country programmes, identifying women's rights and the elimination of disparities as priorities. UNICEF country offices continue to support national mechanisms for the implementation of the Convention on the Elimination of all Forms of Discrimination against Women, mainstreaming gender issues and the development of national plans for women. In Egypt, UNICEF participates in a joint project with the Cabinet Information and Decision Support Centre, which aims to help the Centre produce gender-sensitive indicators on the socio-economic status of Egyptians.

115. A regional project on the introduction of the two Conventions in the curriculum of law schools in Egypt, Jordan, Morocco, the Sudan and Tunisia has yielded many benefits. Country papers have been prepared on the status of implementation of both Conventions, with follow-up activities, including legislative reforms, the revision of curricula in regional law schools and innovative materials for advocacy and awareness-raising on both Conventions at regional and country levels.

116. During the year, the regional programme in Eastern and Southern Africa on eliminating female genital mutilation, a practice which is both a violation of human rights and a health hazard, included UNICEF support for setting up a core group of activists in Kenya and Somalia to guide and coordinate the programme. UNICEF support to NGOs and advocacy in Egypt was very effective in the promulgation of the ban on the practice, which the Supreme Court of Egypt recently upheld. At headquarters, a desk study on UNICEF programme experience on ending the practice was supplemented by another field-based study in four countries.

117. During its session in March 1998, the Commission on the Status of Women reviewed the implementation of the goals set forth in the Platform for Action and national plans on women's rights, gender-based violence and the girl child. In preparation, UNICEF collaborated with the Division for the Advancement of Women, UNFPA and ECA in the organization of an Expert Group Meeting on "Adolescent Girls and Their Rights", held in Addis Ababa during October 1997. The report focused on three main areas: adolescent girls in need of special protection; adolescent health, including reproductive and sexual health and nutrition; and creating an enabling environment for the realization of the human rights of girls.

118. During the year, two regional initiatives focused on violence against women and girls. In South Asia, the regional project on ending violence against women and girls has resulted in new partnerships at regional and national levels in Bangladesh, India, Nepal, Pakistan and Sri Lanka. Its activities include publication of reports on new initiatives and existing legal

frameworks; a series of national meetings; and production of advocacy and information materials, culminating in a regional workshop which brought together lawyers, forensic experts, women's rights activists, government officials and media representatives. An important spin-off of this project will be the production of a video film series, in collaboration with Save the Children, for use in schools and youth centres, as well as in the training of social service providers, including law enforcement officials. In Latin America and the Caribbean, UNICEF has supported the tabulation of laws and regulations related to violence against women. It is actively involved in the inter-agency campaign on violence against women launched in all countries of the region on 8 March 1998 in commemoration of International Women's Day. The campaign will raise public awareness at community levels and support implementation of national legislation and the universal adoption of the Inter-American Convention to Prevent, Punish and Eradicate Violence against Women.

119. As a follow-up to the agreed conclusions of the Economic and Social Council on " Mainstreaming a gender perspective into all policies and programmes in the United Nations system", a handbook is being developed to serve as a programmer's guide in gender mainstreaming within the UNICEF mandate. The handbook will be field-tested and ready by end 1998 and will support ongoing capacity-building efforts. Further, measures will be put in place to ensure that gender concerns are mainstreamed in programme guidance and organizational management. An example of how gender issues are mainstreamed is evident in the UNICEF global Girls' Education Programme. Girls' education is conceptualized within the larger EFA efforts, recognizing that girls constitute the largest single group of children denied access to quality primary education. Furthermore, support to girls' education is provided through the country programme of cooperation, thus ensuring that it is mainstreamed in the agreed-upon programme of activities that UNICEF and Governments undertake.

120. During the year, considerable attention was given to the status of implementation of gender mainstreaming. In doing so, best practices were documented in Ethiopia, Nepal, Nigeria, the United Republic of Tanzania and Viet Nam, and a major desk review of the capacity-building programme was undertaken.

G. UNICEF and United Nations reform

121. The development and implementation of UNDAF was the centre-piece of UNICEF engagement in United Nations reform during 1997. The renewed focus on developing tools and processes for greater effectiveness at the country level made it possible for UNICEF to contribute to the reform process in important ways by drawing on the organization's extensive country programming experience. The UNICEF country representatives involved in the pilot exercise have committed seriously to making the UNDAF exercise an unprecedented opportunity to improve the effectiveness of the United Nations system at the country level.

122. The JCGP/UNDG Subgroup on Common Premises, currently chaired by UNICEF, also made good progress in developing a framework for the accelerated move to common premises. Three country studies have been carried out, and 50 locations have been identified as potential common premises. These will be reviewed and, as appropriate, implemented over the next two years. UNICEF country offices are making greater efforts to develop shared and common services, irrespective of whether or not United Nations agencies share common premises. This is being done in the expectation that these changes can bring about both savings and efficiencies as well as an ethos of collaboration. However, it is also clear that the systems of one agency are not necessarily the best for all others, and that the ways of doing business vary from agency to agency. Therein lies the challenge, as with many parts of the reform package: the need to protect what is best in the diversity and uniqueness of agencies, while tackling those things that can be improved by doing them in a common manner.

123. The Secretary-General views the strengthening of the resident coordinator system as one of the foremost elements of the reform process, and significant work has been done in this area. A new performance appraisal system for resident coordinators went into effect in 1997 in which UNICEF representatives and other agency representatives contribute to the appraisal in a way that they had not done before. As members of the country management team, all agency representatives are members of the resident coordinator system and, in recognition of their dual roles, each UNICEF representative will have in their 1998 work plan a formal task to be carried out on behalf of the resident coordinator system. This will be the subject of evaluation by UNICEF regional directors. Again, this is a significant change, as heretofore UNICEF representatives have not been formally charged with and evaluated on their responsibilities to the wider system. UNICEF has taken seriously its obligation to support the resident coordinator system and has nominated a number of its most proficient staff as candidates; 4 were selected and are among the 11 non-UNDP candidates in the 35 nominations made at the end of 1997.

124. There are issues of the resident coordinators system that all agencies must continue to address. Improved and more transparent selection procedures, which formally involve the UNDG Executive Committee, together with the selection of resident coordinators on the basis on a competency assessment, will go a considerable way to making the resident coordinators fully and apparently representative of the entire system. UNICEF is pleased that UNDG is working to develop both procedures with the objective of making them operational by the end of 1998.

H. Emergency operations

125. Current trends and events do not indicate that emergencies and the conditions that create them are in decline. On the contrary, both political and natural disasters and conflicts continue to affect communities, put children at risk and endanger the lives of staff as well as beneficiaries. With an estimated 15 million refugees and 30 million displaced persons in the world today, of whom more than 50 per cent are children, UNICEF and the humanitarian community are confronted with a series of legal, political, moral and programmatic dilemmas. These include the debate over sovereignty and humanitarian intervention, the definition and parameters of humanitarian mandates, the relevance of neutrality and impartiality in the face of genocide and ethnic cleansing, unclear roles regarding human rights and the protection of civilians in humanitarian mandates, and the defence of the humanitarian imperative.

126. In dealing with these situations, UNICEF has adopted the same mix of strategies that characterizes programming under more normal circumstances (advocacy, capacity-building, and the provision of essential supplies and services). In 1997, income designated as emergency assistance declined, but the political situations in many regions suggest that UNICEF will need to continue to devote between 10 and 15 per cent of total programme expenditure to programming in environments that are characterized by violence and social disintegration. In 1997, 26 countries in crisis received funds earmarked as emergency resources, but priority attention focused on Afghanistan, Angola, Burundi, the Congo, the Democratic People's Republic of Korea, the Democratic Republic of the Congo, Iraq, Rwanda, Sierra Leone and the Sudan, where the humanitarian situations continue to be very precarious.

127. UNICEF has been implementing the strategic priorities and operational concerns for children in emergencies (as contained in document E/ICEF/1997/7), as directed by the Executive Board at its first regular session in January 1997 (E/ICEF/1997/12/Rev.1, decision 1997/7). These concerns address the continuing basic needs of the affected population, some of which have traditionally fallen outside the main focus of emergency field responses, including the needs of internally displaced persons (IDPs), very young children, youth and adolescents. Particular attention is being paid to the short- and long-term psychosocial and educational needs of populations as a priority focus in emergencies. The unique concerns of women and girls in relation to health, education, social status, child soldiers, sexual violence and the threats of gender discrimination are also key issues for UNICEF. The Sudan is estimated to have the highest number of IDPs in the world, with as many as 4 million, of which approximately 80 per cent are women and children.

128. In addition to continued assistance to meet urgent basic needs in 1997, UNICEF sought to play a stronger role in terms of advocacy for the special needs of displaced children based on the principles of the Convention on the Rights of the Child. UNICEF has tried to complement traditional emergency relief with actions to promote respect for humanitarian principles in Operational Lifeline Sudan (Southern Sector) and in the establishment of participatory mechanisms focused on women in displaced camps and settlements in the Northern Sector (such as "Women Knocking on Women's Doors", a programme implemented in collaboration with UNHCR and aimed at empowering women to take charge of their own health). After the peace accords in Liberia, UNICEF coordinated the initial disarmament and demobilization of over 4,300 child soldiers. In close partnership with peacekeepers, NGOs and civil society groups, UNICEF provided interim care, tracing, reunification and rehabilitation programmes for over 3,700 war-affected children who opted for such assistance. Other innovative programmes in Liberia involved the training of 1,000 student mentors and 300 teachers in methods to raise awareness and skills in conflict resolution and peace education.

129. UNICEF Angola used a multi-strategy approach in dealing with the problem of approximately 10 million landmines that put citizens at daily risk. The UNICEF mine action programme promoted a ban, supported 20 national and 5 international NGOs in their work, and promoted mine awareness through the school curriculum (undertaking a pilot project in conjunction with the Ministry of Education and training teachers in six provinces in mine awareness education). UNICEF collaborated with Handicap International and the National Institute for the Removal of Mines and UXOs (unexploded ordnance) (INAROEE) in setting up the Programme of Education for the Prevention of Mine Accidents and supported a national survey on knowledge, attitude, behaviour and practice on the effectiveness of mine awareness programmes. Additionally, mine awareness techniques in the National Demining School were introduced, and the marking of minefields to warn the local population against the dangers of landmines was carried out.

130. Education has become a component of all sustained UNICEF emergency programmes in Eastern and Southern Africa. The typical response included the provision of education equipment and supplies and support for improving education quality. Burundi and Uganda were among the emergency programmes in 1997 which gave attention to the expansion of education facilities through the construction of temporary schools. In agreement with UNHCR, UNICEF assumed major responsibility for the education of refugee children in the United Republic of Tanzania. Peace education is a common element in the education programmes of conflict-prone countries such as Angola and Rwanda.

131. In Burundi and Rwanda, efforts to provide psychosocial

support for children affected by war and conflict during the past few years culminated in a four-point action programme consisting of: training of teachers and religious leaders in recognizing traumatized children and assisting them; creation of structured social activities for children, including the re-establishment of schools; restoration of predictable patterns for children whose lives have been disrupted by the death of family members or separation by providing them with a family environment or its alternative (UNICEF initiated a massive campaign to reunite children with their families; more than 30,000 separated children found their way back to their families); and promotion of peace among children and in the society as a whole through advocacy and peace education.

132. To uphold human rights and the principles of international humanitarian law despite the prevailing difficult conditions, as well as the provision of immediate relief to the affected children and women, is a great concern to UNICEF in its operation in Afghanistan. Since November 1995, for example, UNICEF suspended assistance to education programmes in those areas of the country where local Taliban authorities have excluded girls from education opportunities. In taking this position, UNICEF has demonstrated its commitment to girls' education as a human right and has abided by the principle of non-discrimination based on the Convention on the Rights of the Child. However, even in the cases where education programmes are suspended, UNICEF maintains efforts to continue a dialogue with the authorities in order to promote peace and gender equity.

133. Addressing the continued adversities of children and women and the linkage with the Convention on the Rights of the Child is the major concern of the UNICEF operation in Iraq. The Iraq office of UNICEF conducted a nutritional status survey of infants in South/Central Iraq and found that the prevalence of general malnutrition in children under five years of age during October 1997 was on the order of 30 per cent, an increase of 70 per cent since August 1991 when sanctions had already been in force for one year. Based on the results of the survey and the observations obtained through its country-wide operations in Iraq, UNICEF has been addressing the impact of sanctions on children with its partners in the United Nations system and contributed to the advocacy efforts which resulted in a doubling in the resources made available in the "oil for food programme" voted under Security Council resolution 986.

I. Follow-up to global conferences

134. The three ad hoc inter-agency task forces, established by the Administrative Committee on Coordination in October 1995 with a view to providing system-wide guidance and support for the promotion and integrated follow-up to the series of United Nations global conferences, have now completed their work. Their outputs include the identification of key elements for a policy framework; recommendations and guidelines for programming; country reviews and case studies; identification of additional areas requiring attention, such as the role of civil society; elaboration of statistics and indicators; and review of institutional arrangements for follow-up.

135. The challenge now before each organization, as well as the system as a whole, is to maintain, in cooperation with Governments, the momentum created. Follow-up at the country level by the United Nations system is a matter of both substance and methodology. Supporting the translation of conference outcomes into concrete national policies and programmes remains a key priority of UNICEF and of the entire system. In order to make this phase operational, two key elements will now play a central role. On the one hand, UNDAF, now in its first phase of implementation, will serve as a strong sustainable basis for follow-up at the country level to the world conferences. On a system-wide level, the Administrative Committee on Coordination will issue a Statement on Field-Level Follow-up to Global Conferences, with a Guidance Note for the Resident Coordinator System, in order to support the efforts of the United Nations country teams to maintain a full support and monitoring of national priorities related to the follow-up to the conferences.

136. The UNDAF exercise now under way in the first 18 countries as part of the pilot phase includes the establishment of a common database and the selection of indicators relevant to the achievement of the goals of the world conferences. Thematic groups are being established with lead agencies in order to support the Governments to achieve the goals. Final UNDAF guidelines will be drawn up later this year, incorporating the lessons learned and leading to the establishment of a global UNDAF support system.

IV. INCOME AND EXPENDITURE

A. Income

137. Total income for 1997 was $902 million. This was $13 million (1.4 per cent) less than the $915 million total income estimated in the financial medium-term plan (MTP) for the period 1997-2000 (E/ICEF/1997/AB/L.10) and $42 million (4.4 per cent) less than total income in 1996. The decrease in total income was due mainly to a decline in supplementary funds income.

138. Table 1 below shows the breakdown of income by source. In 1997, UNICEF derived its income from two main sources: Governments and intergovernmental organizations, which contributed $595 million (66 per cent) of total income; and non-governmental/private sector sources, which provided $284 million (31 per cent). The balance of $23 million (3 per cent) came from United Nations agencies and other miscellaneous

sources.

139. Measured in United States dollars, total contributions increased over 1996 for eight Governments. The United States remained the largest Government donor to UNICEF, contributing a total of $165 million, which represents an increase of $22 million over the prior year. The United States, which, as in previous years, is the top contributor to general resources, has now also emerged as the largest donor to supplementary funds. Its general resources contribution has been sustained at $100 million since 1993.

140. Sweden continues to be the second largest Government donor despite a decline in the amount of its total contribution.

141. Norway is now the third largest Government donor followed by the Netherlands, Denmark, the United Kingdom, Japan, Canada, Italy and Finland. Together, these 10 Government donors provided more than one half of the total UNICEF income in 1997. Among intergovernmental agencies, the European Union contributed $18 million.

142. The *1998 UNICEF Annual Report* lists the contributions from Governments, National Committees for UNICEF and the private sector by country.

143. The breakdown of income by category or type of funding is provided in table 2 below. General resources income in 1997 was $547 million, $2 million (0.4 per cent) more than the amount of $545 million estimated in the 1997 MTP and $4 million (0.7 per cent) less than the actual in 1996.

Table 1
Total UNICEF income by source of funding
(general resources and supplementary funds)

(millions of United States dollars)

	1994	1995	1996	1997
Governments	658	655	607	595
Non-governmental/ private sector	278	308	300	284
Other	70	48	37	23
Total	**1 006**	**1 011**	**944**	**902**

Table 2
UNICEF income by type of funding

(millions of United States dollars)

	1994	1995	1996	1997
General resources	535	537	551	547
Supplementary funds (regular)	257	311	287	243
Subtotal	**792**	**848**	**838**	**790**
Emergency supplementary funds	214	163	106	112
Total	**1 006**	**1 011**	**944**	**902**

144. Total supplementary funds income was $355 million in 1997. This was $15 million less than the MTP projection of $370 million and $38 million less than the actual in 1996. Regular supplementary funds income amounted to $243 million in 1997. This was $44 million (15 per cent) less than last year and $27 million (10 per cent) less than the target amount of $270 million in the MTP. However, total emergency supplementary funds income amounting to $112 million in 1997 was $12 million (12 per cent) more than the MTP amount of $100 million and $6 million (6 per cent) more than the amount of $106 million UNICEF received in 1996.

B. Private sector income

145. In 1998, the Greeting Card and related Operations changed its name to the Private Sector Division (PSD). The main thrust of PSD was to implement the recommendations of the 1996 management study, which included: simplifying the organization; developing the brand; focusing on key markets; and improving organizational skills and resources. The new PSD structure will be implemented in 1998.

146. Net income from the private sector for UNICEF general resources amounted to $162 million (including $160 million generated by PSD) in 1997, compared to $150 million in 1996. Supplementary funds from the private sector amounted to an additional $123 million compared to $150 million in 1996. The decrease in total PSD income from $300 million in 1996 to $284 million in 1997 was due mainly to the impact of a strong United States dollar, which adversely affected the value of PSD income generated in other countries.

147. More details on private sector activities can be found in the PSD work plan and proposed budget for 1998 (E/ICEF/1998/AB/L.3 and Corr.1).

C. Expenditure

148. In 1997, total expenditure amounted to $913 million. In addition, there were write-offs and other charges amounting to $6 million (see table 3 below). Programme cooperation accounted for $822 million, or 90 per cent, including $673 million for direct assistance to programmes and $149 million for programme support services. Total expenditure for 1997 was $9 million more than the MTP amount. Expenditure for management and administration in 1997 amounted to $91 million. Expenditure for management and administration in the 1996-1997 biennium was $16 million less when compared to the 1994-1995 biennium.

149. The detailed financial results for 1997 will be contained in the financial report and statements for the biennium ended 31 December 1997 to be submitted to the Executive Board at its second regular session in September 1998. The MTP provides the framework of financial projections for 1997-2000.

D. Programme expenditure

150. In 1997, UNICEF cooperated with 161 countries: 46 in Africa; 37 in the Americas and the Caribbean; 33 in Asia; 18 in the Middle East and North Africa; and 27 in Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States. This includes 14 Caribbean and 13 Pacific island countries, 5 in the Middle East and North Africa, and 11 in Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States which were supported either through multi-country programmes of cooperation or from funds for regional activities. Figure I provides a breakdown of programme expenditure by programme sector, showing that the major share of UNICEF programme expenditure continued to be in the health sector. Figure II provides the breakdown of programme expenditure by geographical region. Africa continued to receive the greatest share of UNICEF resources.

151. Annex I shows the breakdown of programme expenditure in countries classified according to per capita GNP and U5MR. Some $531 million, or 65 per cent, of programme expenditure were spent in 63 LICs with per capita GNP of $765 and less; $160 million, or 19 per cent, in 49 lower-middle income countries with per capita GNP between $766 and $3,035; and $52 million, or 6 per cent, in 14 upper-middle income countries with per capita GNP between $3,036 and $9,385. UNICEF country programmes in the 47 LDCs registered a total programme expenditure of $301 million, which is 37 per cent of the total UNICEF programme expenditure for 1997. This is 6 per cent less than the amount registered in 1996.

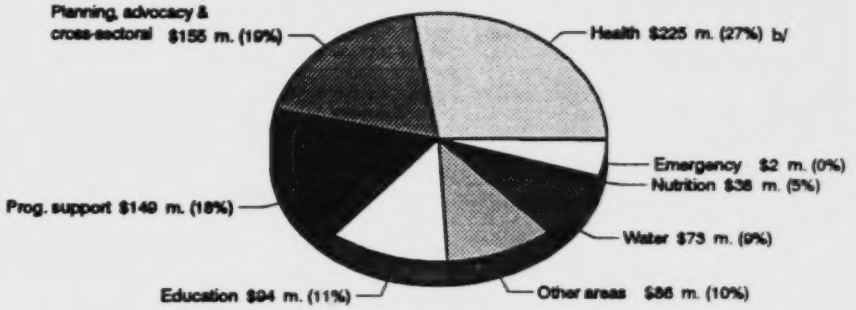
Table 3
Expenditure by type of input

(millions of United States dollars)

	1994	1995	1996	1997
Programme cooperation				
Supplies and equipment (including freight)	334	330	262	245
Cash and other assistance	467	474	422	428
Programme support services	99	108	154	149 a/
Subtotal	**900**	**912**	**838**	**822**
Management and administration	91	99	83	91
Write-offs and other charges	8	11	15	6
Total	**999**	**1 022**	**936**	**919**

a/ As of 1996, global funds, which were previously included under supply and cash assistance, are integrated into the budget for headquarters and regional offices (see E/ICEF/1996/AB/L.5 and Corr.1).

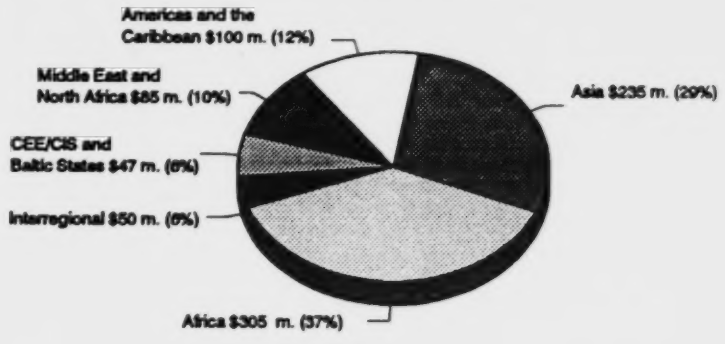
Figure I
UNICEF programme expenditure
by programme field, including emergency expenditures, 1997


Planning, advocacy & cross-sectoral $155 m. (19%)
Health $225 m. (27%) b/
Emergency $2 m. (0%)
Nutrition $38 m. (5%)
Water $73 m. (9%)
Other areas $86 m. (10%)
Education $94 m. (11%)
Prog. support $149 m. (18%)

Total expenditure: $822 million a/

a/ Total programme expenditures include programme support costs.
b/ Health, includes expenditures in EPI, $59 million; ORT, $2 million; and other health, $164 million.

Figure II
UNICEF programme expenditure
by geographical region, 1997


Americas and the Caribbean $100 m. (12%)
Middle East and North Africa $85 m. (10%)
Asia $235 m. (29%)
CEE/CIS and Baltic States $47 m. (6%)
Interregional $50 m. (6%)
Africa $305 m. (37%)

Total expenditure: $822 million a/

a/ Includes programme support costs.

Annex I

Programme expenditure for countries classified according to gross national product and under-five mortality rate

1995 GNP and 1996 U5MR a/	1996 child population (In millions)	Number of countries	1997 programme expenditure (In millions of US dollars)	Total expenditure (Percentage)	Total child population (Percentage)	Cents per child (US cents)
Low income						
Very high U5MR	259	28	266	32	14	103
High U5MR	602	24	202	25	32	68 b/
Middle U5MR	424	9	50	6	23	65 c/
Low U5MR	7	2	13	2	0	186 d/
Subtotal	1,292	63	531	65	69	86 e/
Lower middle income						
Very high U5MR	0	1	1	0	0	-- f/
High U5MR	137	12	66	8	7	48
Middle U5MR	276	30	87	11	15	32
Low U5MR	11	6	6	1	1	55 d/
Subtotal	424	49	160	19	23	38
Upper middle income						
Very high U5MR	0	1	1	0	0	-- f/
High U5MR	0	0	0	0	0	0
Middle U5MR	131	6	36	4	7	27
Low U5MR	19	7	15	2	1	79 d/
Subtotal	150	14	52	6	8	34
Total for countries	1,867	126 g/	743	90	100	40
Total for global and other regional fund			79	10		
Grand Total			822	100		
(of which LDCs)	(299)	(47)	(301)	(37)	(16)	101

a/ Low income = GNP per capita of $765 and less.
Lower middle income = GNP per capita between $766 and $3,035.
Upper middle income = GNP per capita between $3,036 and $9,385.
Very high U5MR = over 140 under-five deaths per 1,000 live births.
High U5MR = 71-140 under-five deaths per 1,000 live births.
Middle U5MR = 21-70 under-five deaths per 1,000 live births.
Low U5MR = less than 21 under-five deaths per 1,000 live births.
LDCs = least developed countries.

b/ Cents per child was calculated excluding India.

c/ Cents per child was calculated excluding China.

d/ Higher cents per child was due to emergency expenditures involving countries with small child population.

e/ Cents per child was calculated excluding India and China.

f/ Cents per child was not calculated for groupings with very small child population in order not to distort presentation.

g/ Pacific and Caribbean islands and CEE/CIS/Baltic States multi-country programmes were counted as one each except emergency c multi-country programme with separate expenditure and available indicators.

Annex II

UNICEF response to reports of the Joint Inspection Unit

1. In 1997, UNICEF received a number of requests from the Joint Inspection Unit (JIU) for input to or comments on its reports. UNICEF extended its full cooperation to JIU as and when necessary in the preparation of individual reports. In addition, UNICEF provided information requested by JIU concerning the restructuring of its Information and Documentation Centre.

2. The recommendations contained in various JIU reports, where appropriate, have been taken into account by UNICEF in its activities. The reports of relevance to UNICEF and the Executive Board are presented below.

JIU/REP/97/1. Strengthening Field Representation of the United Nations System

3. The JIU report, which focuses on operational activities, seeks to promote a more unified, and not necessarily unitary, United Nations force in support of programme countries in their efforts at capacity-building to achieve self-reliance and sustainable human development.

4. UNICEF appreciates the work and effort that went into the study and considers that it provided a useful compendium of existing material. However, UNICEF questioned the accuracy and sources of some of the statistical data. While the information, conclusions and recommendations provided in the study can serve as a useful input to the reform process, the Secretary-General's recommended actions must provide the basis for further action.

JIU/REP/97/3. Execution of Humanitarian Assistance Programmes Through Implementing Partners

5. The JIU report attempts to look into the principles governing the financial control between the organizations of the United Nations system and their implementing partners. These include the selection methods and criteria of implementing partners; legal, administrative and financial procedures; controlling mechanisms; and reporting procedures.

6. This report is of great importance to UNICEF given its longstanding involvement with partners at the field level. UNICEF comments on the report sought to clarify the way UNICEF interacts with partners.

JIU/REP/97/4. Coordination at Headquarters and Field Level between United Nations Agencies Involved in Peace-Building: An Assessment of Possibilities

7. This report focuses on issues related only to coordination among United Nations system organizations involved in post-conflict peace-building. However, recognizing the pre-eminent and prominent role in all matters related to reconstruction played by the country emerging from the conflict, as well as all Member States, the report did not specifically review the role of the country in coordination and does not make recommendations on this. The Inspectors note that some United Nations system organizations play a special role in supporting the development of a country's coordination capacity.

8. In its comments, UNICEF drew attention to the need for greater reference to how humanitarian/human rights/military activities during a conflict set the stage for success in the post-conflict phase. UNICEF further recommended that the report mention the recent restructuring of the Secretariat machinery responsible for coordinating humanitarian assistance.

JIU/REP/97/6. Training Institution Programmes and Activities of the United Nations System

9. The review by JIU sought to take stock of United Nations system training institutions and, having analysed their mandates and related aspects, to propose, whenever possible, concrete and practical measures, including networking, designed to coordinate their activities.

10. The basic definition of training provided by JIU matches the understanding of UNICEF of the term. In its response, UNICEF included information on training and staff development activities, global training budget and an evaluation of staff training events.